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MADISON COUNTY APPLICATION FOR PRIVILEGE LICENSE

NAME OF BUSINESS _____ TAX ID# _____

LOCATION _____ PHONE# _____

NAME OF OWNER OR AGENT _____ EXPIRATION _____

MAILING ADDRESS OF BUSINESS:

NOTE: please check only one type of business and complete the information required for the type of business in which you are engaged. The term "employee" in this section means full time employees and with respect to a professional firm or clinic includes all partners. The term "full time" means at least 30 hours of work per seven-day week. The term "employees" does not include seasonal employees.

MANUFACTURER:

THIS BUSINESS HAS (CHECK ONE)

- Three or fewer employees
 More than three but fewer than eleven employees
 Eleven or more employees

WHOLESALE OR RETAIL STORE:

The value of the stock in this store never exceeds \$ _____

OTHER BUSINESS, CORPORATION OR PROFESSIONAL

ASSOCIATION: _____ SPECIFY NATURE OF BUSINESS: _____

- Three or fewer employees
 More than three but fewer than eleven employees
 More than eleven employees – Number of employees if more than eleven _____

Signature of Notary: _____
(NOTARY OR CHANCERY SEAL)

My Commission Expires: _____ Signature of owner or agent _____

ZONING VERIFICATION

PARCEL NUMBER _____
I have examined the official Zoning Maps of Madison County regarding the current zoning designation of the parcel referenced above. Panel _____ of the Zoning Maps of Madison County verify this parcel to be zoned _____ at this time.

PERMIT CLERK _____ DATE _____